



CITY OF FRAMINGHAM

OFFICE OF THE CHIEF FINANCIAL OFFICER

Jennifer Pratt
Chief Financial Officer

Phone (508) 532-5427
Email jap@framinghamma.gov
www.framinghamma.gov

Memorial Building
150 Concord Street, Room 123
Framingham, MA 01702

To: Mayor Charles J. Sisitsky
Michael A. Tusino, III, Chief Operating Officer
From: Jennifer A. Pratt, Chief Financial Officer
Date: March 20, 2025
Re: Order #2024-072 CIP Update

Recently the Police Department requested a modification of their FY2025 Capital Budget Submission as follows:

Withdrawal of the Evidence Management Security System \$337,900

Request to add the Axon Interview Room Evidence Management System \$103,929

These changes bring down the total recommended FY2026 CIP. Background information for the Axon Interview Room Evidence Management System is attached for reference.

The revised CIP information will be updated on the website.

Thank you for your consideration.

City of Framingham 5 Year Capital Improvement Program FY2026-FY2030
Capital Project Request Form for FY2026 Projects

FY2026 Project requests must meet the definition of a Capital Project

A capital project is a major, nonrecurring expenditure that meets one or more of the following criteria:

_____ The capital improvement is a tangible asset or project estimated to cost over \$25,000 and to have or to extend five or more years of useful life.

_____ The community would legally be allowed to borrow for the expense under M.G.L. c. 44, § 7 and M.G.L. c. 44, § 8.

_____ The expenditure is for real property acquisitions, construction, and long-life capital equipment.

_____ The project is for improvements to physical infrastructure (e.g., streets, sidewalks, and stormwater drains) and renovations of existing capital items that extend their useful lifespans.

_____ The purchase or long-term capital lease is for vehicles or heavy equipment that have an expected useful life of 5 or more years.

_____ The expenditure is to pay for the planning, engineering, or design services required for a construction or renewal project that itself qualifies as a capital expenditure.

_____ The purchase is for bulk purchases of similar items, like software, furniture, or radios with an expected useful life of three or more years that, when aggregated, have total costs exceeding \$25,000.

Project Name _____

Project Status _____

Department _____

Project Lead Name _____

Email address _____ Phone _____

Project Fiscal Year _____ Department Priority # _____

Priority - Select the appropriate priority level based on the definitions below:

_____ Urgent - addresses an imminent risk to the safety of the public or municipal personnel, and/or prevents the imminent destruction or collapse of public infrastructure or loss of assets.

_____ High - necessary to ensure consistent, level service for the upcoming fiscal year. This priority type includes systems that a likely to fail, e.g., replacement of old or worn-out equipment, dramatically rehabilitate aging facilities, or facilitate a department's ability to meet increased service demands.

_____ Moderate - either replaces assets that have outlived their useful life, enhances a benefit to the community over and above the existing level of service, results in costs savings or other efficiencies, or directly supports the community's economic base by increasing property values.

_____ Low - provides additions or improvements to services or programs having social, cultural, historic, economic, or aesthetic value, but does not require immediate approval and implementation.

Physical location/address of project/equipment

Project Status - Select the appropriate priority level based on the definitions below:

New - first time submission

Recurring - a routine project that must be completed annually or periodically, such as upgrading a pumping station's infrastructure or rehabilitating athletic fields.

Resubmission - a project was submitted in a previous year but not approved.

Revision/Upgrade to Previous Project - the scope of this project has changed or requires additional resources.

Project Financing

Estimated Project Cost –Enter the estimated cost of the project or asset. You are required to attach any quotes or other documentation to support the cost.

Amount Requested \$ _____

Life Expectancy - provide the number of years the asset is expected to last _____

Estimated timeframe to complete project or to receive asset - in months or years, estimate the duration of the project or the timeframe for delivery of equipment or asset. For example, if a new ambulance requires a build out and delivery time of 1 year, enter 1 year. _____

Estimated date for completion or delivery _____

Timeframe - Additional Explanation

Proposed Funding Sources - Provide (if applicable) any potential grants, donations, or other available funds to supplement the regular financing of capital projects and assets. Attach documentation of possible grant opportunities, along with the community's funding requirements for acceptance. Describe and provide documentation for available discounts or cost reductions, such as trade in value.

Bond General Fund

Bond Enterprise Fund

Free Cash/Retained Earnings

____ CPA

____ Grant

____ Other Type of Loan

____ Other

____ Matching Requirements

Additional explanation/information related to funding source(s)

Project Description

Provide a basic description of the proposed project or equipment purchase, including:

- Location (if a building)
 - Type of building
 - Intended use(s)
 - Whether land acquisition will be necessary (if a building)
 - Discussion of primary cost drivers
 - Stakeholders involved
 - Narrative description of qualification for specific funding source (e.g., grants, CPA)
-
-
-
-
-
-

Project Justification

Provide justification for the project. Highlight the specific benefits that will directly result from completing the project. These details may depend on the chosen priority level and purpose. For instance, if the priority level is “Moderate” and purpose is “Service Enhancement,” describe any and all new benefits the project offers, including any cost savings or efficiencies. Additionally, state how the project will benefit community and administrative stakeholders and explain any negative impacts or potential consequences of not approving the project. This information is particularly important for projects classified as “Urgent/Compliance with Law” and “Ensure Public Safety”.

If project is phased over several years indicate how many phases are complete _____

Which phase of project is requested? _____

Purpose of Project - check all that apply and include detail on what is being replaced or requested as new

____ Replace existing infrastructure _____

____ Replace existing capital asset _____

____ Replace existing vehicle _____

____ Replace existing equipment _____

____ New infrastructure _____

____ New capital asset _____

____ New vehicle _____

____ New equipment _____

____ Strategic/Comprehensive/Master Plan _____

Project Type - check all that apply

____ Land acquisition _____

____ Planning/Feasibility Study _____

____ Design _____

____ Construction _____

____ Equipment _____

____ Vehicle _____

____ Contingency _____

____ Other _____

Asset Type

____ Land

____ Municipal Building

____ School Building

____ Water/Sewer Infrastructure

- ___ Roadway Infrastructure
- ___ Traffic/Streetlight Infrastructure/Equipment
- ___ Waterway/Beach
- ___ Recreation Trail
- ___ Bridge
- ___ Park/Playground/Athletic Field
- ___ Vehicle
- ___ Equipment
- ___ Software/Technology
- ___ Refuge/Recycling Center
- ___ Other _____

Project Community Impact

___ Health & Safety

___ Education

___ Aesthetics/Historic preservation

___ Environmental sustainability

___ Economic development

___ Cultural/Recreational opportunity

___ Service Improvement

___ Level Service Maintenance

Impact to Operating/Enterprise Budgets - explain the project's temporary and/or long-term impact on the operating budget. For example, capital construction projects can result in increased operating costs. Costs may increase during the project's duration (e.g., increased use of one building while another is demolished and reconstructed) or be longer lasting, such as new a building resulting in increased utility costs or the hiring of additional maintenance personnel.

Increase/Decrease to Personnel \$ _____

Explanation _____

Increase/Decrease to Operating \$ _____

Explanation _____

Additional Information

Checklist for completion

____ FY2026 Project Request PDF file includes form, updated vendor memos/quote/pricing, photos.

____ Save each FY2026 project request as separate PDF file (Department name/Project Name) to T Drive/Finance/CIP 26-30/Department Folder



Axon Enterprise, Inc.
 17800 N 85th St.
 Scottsdale, Arizona 85255
 United States
 VAT: 86-0741227
 Domestic: (800) 978-2737
 International: +1.800.978.2737

Q-623832-45707.677KW

Issued: 02/19/2025

Quote Expiration: 04/30/2025

Estimated Contract Start Date: 06/01/2025

Account Number: 115965

Payment Terms: N30

Delivery Method:

SHIP TO	BILL TO
Framingham Police Dept. - MA 1 William H Welch Way Framingham, MA 01702-8238 USA	Framingham Police Department - MA 1 William H Welch Way Framingham MA 01702-8238 USA Email:

SALES REPRESENTATIVE	PRIMARY CONTACT
Kevin Watson Phone: (480) 209-7053 Email: kwatson@axon.com Fax: (480) 463-2203	David Loureiro Phone: (508) 872-1212 Email: djl@framinghamma.gov Fax: (508) 620-4904

Quote Summary

Program Length	60 Months
TOTAL COST	\$103,929.00
ESTIMATED TOTAL W/ TAX	\$103,929.00

Discount Summary

Average Savings Per Year	\$1,531.20
TOTAL SAVINGS	\$7,656.00

Payment Summary

Date	Subtotal	Tax	Total
May 2025	\$20,785.80	\$0.00	\$20,785.80
May 2026	\$20,785.80	\$0.00	\$20,785.80
May 2027	\$20,785.80	\$0.00	\$20,785.80
May 2028	\$20,785.80	\$0.00	\$20,785.80
May 2029	\$20,785.80	\$0.00	\$20,785.80
Total	\$103,929.00	\$0.00	\$103,929.00

Quote Unbundled Price: \$111,585.00
 Quote List Price: \$103,929.00
 Quote Subtotal: \$103,929.00

Pricing

All deliverables are detailed in Delivery Schedules section lower in proposal

Item	Description	Qty	Term	Unbundled	List Price	Net Price	Subtotal	Tax	Total
Program									
IR1CA	Interview Room 1 Camera Standard	5	60	\$371.95	\$346.43	\$346.43	\$103,929.00	\$0.00	\$103,929.00
Total							\$103,929.00	\$0.00	\$103,929.00

Delivery Schedule

Hardware

Bundle	Item	Description	QTY	Shipping Location	Estimated Delivery Date
Interview Room 1 Camera Standard	50118	AXON INTERVIEW - MIC - WIRED (STANDARD MIC)	5	1	05/01/2025
Interview Room 1 Camera Standard	50221	AXON INTERVIEW - POE SWITCH - 24 PORT	1	1	05/01/2025
Interview Room 1 Camera Standard	50294	AXON INTERVIEW - SERVER - LITE	2	1	05/01/2025
Interview Room 1 Camera Standard	50298	AXON INTERVIEW - CAMERA - OVERT DOME	5	1	05/01/2025
Interview Room 1 Camera Standard	50322	AXON INTERVIEW - TOUCH PANEL PRO	5	1	05/01/2025
Interview Room 1 Camera Standard	74056	AXON INTERVIEW - TOUCH PANEL WALL MOUNT	5	1	05/01/2025

Software

Bundle	Item	Description	QTY	Estimated Start Date	Estimated End Date
Interview Room 1 Camera Standard	50037	AXON INTERVIEW - CLIENT SOFTWARE - PER TOUCH PANEL-PC	5	06/01/2025	05/31/2030
Interview Room 1 Camera Standard	50039	AXON INTERVIEW - CLIENT SOFTWARE - MAINT. PER TOUCH PANEL	5	06/01/2025	05/31/2030
Interview Room 1 Camera Standard	50041	AXON INTERVIEW - STREAMING SERVER LICENSE - PER SERVER	2	06/01/2025	05/31/2030
Interview Room 1 Camera Standard	50043	AXON INTERVIEW - STREAMING SERVER MAINTENANCE - PER SERVER	2	06/01/2025	05/31/2030
Interview Room 1 Camera Standard	50045	AXON EVIDENCE - STORAGE - INTERVIEW ROOM UNLIMITED	5	06/01/2025	05/31/2030
Interview Room 1 Camera Standard	73840	AXON EVIDENCE - ECOM LICENSE - BASIC	1	06/01/2025	05/31/2030

Services

Bundle	Item	Description	QTY
Interview Room 1 Camera Standard	85170	AXON INTERVIEW - INSTALLATION - STANDARD (PER ROOM)	5

Warranties

Bundle	Item	Description	QTY	Estimated Start Date	Estimated End Date
Interview Room 1 Camera Standard	101648	AXON INTERVIEW - EXT WARRANTY - 5 YEARS	5		

Shipping Locations

Location Number	Street	City	State	Zip	Country
1	1 William H Welch Way	Framingham	MA	01702-8238	USA

Payment Details

May 2025

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 1	IR1CA	Interview Room 1 Camera Standard	5	\$20,785.80	\$0.00	\$20,785.80
Total				\$20,785.80	\$0.00	\$20,785.80

May 2026

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 2	IR1CA	Interview Room 1 Camera Standard	5	\$20,785.80	\$0.00	\$20,785.80
Total				\$20,785.80	\$0.00	\$20,785.80

May 2027

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 3	IR1CA	Interview Room 1 Camera Standard	5	\$20,785.80	\$0.00	\$20,785.80
Total				\$20,785.80	\$0.00	\$20,785.80

May 2028

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 4	IR1CA	Interview Room 1 Camera Standard	5	\$20,785.80	\$0.00	\$20,785.80
Total				\$20,785.80	\$0.00	\$20,785.80

May 2029

Invoice Plan	Item	Description	Qty	Subtotal	Tax	Total
Year 5	IR1CA	Interview Room 1 Camera Standard	5	\$20,785.80	\$0.00	\$20,785.80
Total				\$20,785.80	\$0.00	\$20,785.80

Tax is estimated based on rates applicable at date of quote and subject to change at time of invoicing. If a tax exemption certificate should be applied, please submit prior to invoicing.

Contract State of Massachusetts OSD Contract PSE01 is incorporated by reference into the terms and conditions of this Agreement. In the event of conflict the terms of Axon's Master Services and Purchasing Agreement shall govern.

Standard Terms and Conditions

Axon Enterprise Inc. Sales Terms and Conditions

Axon Master Services and Purchasing Agreement:

This Quote is limited to and conditional upon your acceptance of the provisions set forth herein and Axon's Master Services and Purchasing Agreement (posted at <https://www.axon.com/sales-terms-and-conditions>), as well as the attached Statement of Work (SOW) for Axon Fleet and/or Axon Interview Room purchase, if applicable. In the event you and Axon have entered into a prior agreement to govern all future purchases, that agreement shall govern to the extent it includes the products and services being purchased and does not conflict with the Axon Customer Experience Improvement Program Appendix as described below.

ACEIP:

The Axon Customer Experience Improvement Program Appendix, which includes the sharing of de-identified segments of Agency Content with Axon to develop new products and improve your product experience (posted at www.axon.com/legal/sales-terms-and-conditions), is incorporated herein by reference. By signing below, you agree to the terms of the Axon Customer Experience Improvement Program.

Acceptance of Terms:

Any purchase order issued in response to this Quote is subject solely to the above referenced terms and conditions. By signing below, you represent that you are lawfully able to enter into contracts. If you are signing on behalf of an entity (including but not limited to the company, municipality, or government agency for whom you work), you represent to Axon that you have legal authority to bind that entity. If you do not have this authority, please do not sign this Quote.

Signature

Date Signed

2/19/2025

